UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW HAMPSHIRE

In re:

Mary E. Sherbourne,

Debtor

Bk. No.19-10021-BAH Chapter 13

NOTICE TO ADDED CREDITORS

A bankruptcy case concerning the debtor(s) listed above was filed on January 7, 2019. On February 3, 2019, the schedule or list of creditors filed by the debtor(s) was amended to include your name.

Among the documents attached to this notice is the Notice of Chapter 13 Bankruptcy Case provided to all creditors upon the filing of this case. The Notice of Chapter 13 Bankruptcy case has important information about the case for creditors, including information about the meeting of creditors and deadlines. Read both pages carefully. Because you were added as a creditor after the commencement of this case, the meeting of creditors may have been held, and deadlines listed may be close or have already expired. The deadlines applicable to you are listed below.

1. Claims.

- This is a no asset case. It is unnecessary to file a claim now. If it is determined there are assets to distribute, creditors will receive a notice setting a deadline to file claims.
- [x] This is an asset case. The deadline to file a proof of claim is March 18, 2019. A proof of claim form may be obtained at www.uscourts.gov or on the court's web site at www.nhb.uscourts.gov.
- Discharge. The deadline for filing a complaint objecting to the discharge of the debtor(s) and/or to have a debt declared non-dischargeable is April 8, 2019.²
- Exemptions. The deadline to object to an exemption in property claimed by the debtor(s) is March 11, 2019.³

Any documents must be filed by the above-stated deadlines with the Clerk, United States Bankruptcy Court, Warren B. Rudman U.S. Courthouse, 55 Pleasant Street, Room 200, Concord, NH 03301.

Date: February 3, 2019

/s/William Bryk (BNH07686) Attorney or *Pro se* Debtor Signature William Bryk (BNH07686) Print Name Address: 444 Clinton Road

Antrim NH 03440-3510 Tel. No.: (603) 588-2168

¹ If the meeting of creditors has been held, extend the deadline seventy (70) days from the date of the amendment for the added creditor. Otherwise, enter the date from the Notice of Bankruptcy Case.

² If the meeting of creditors has been held, extend the deadline sixty (60) days from the date of the amendment for the added creditor in Chapter 7, 12, 13, or 11 personal bankruptcy cases only. Otherwise, enter the date from the Notice of Bankruptcy Case. Not applicable to business cases.

³ If the meeting of creditors has been held, extend the deadline thirty (30) days from the date of the amendment for the added creditor in Chapter 7, 12, 13, or 11 personal bankruptcy cases only. Otherwise, enter the date from the Notice of Bankruptcy Case. Not applicable to business cases.

Case: 19-10021-BAH Doc #: 21 Filed: 02/06/19 Desc: Main Document Page 2 of 21 Doc #: 4 Filed: 01/08/19 Desc: Ch 13 First Mtg Page 1 of 2

Information to	o identify the case:	
Debtor 1	Mary E. Sherbourne	Social Security number or ITIN xxx-xx-9959
Debtor 2	First Name Middle Name Last Name	EIN
(Spouse, if filing)	First Name Middle Name Last Name	Social Security number or ITIN
United States Bar	skruptcy Court District of New Hampshire Live Database	EIN
Case number: 1	9-10021-BAH	Date case filed for chapter 13 January 7, 2019

Official Form 3091

Notice of Chapter 13 Bankruptcy Case

12/17

For the debtors listed above, a case has been filed under chapter 13 of the Bankruptcy Code. An order for relief has

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtors, the debtors' property, and certain codebtors. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay be limited to 30 days or not exist at all, although debtors can ask the court to extend or impose a stay.

Confirmation of a chapter 13 plan may result in a discharge. Creditors who assert that the debtors are not entitled to a discharge under 11 U.S.C. § 1328(f) must file a motion objecting to discharge in the bankruptcy clerk's office within the deadline specified in this notice. Creditors who want to have information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at www.pacer.gov).

The staff of the bankruptcy clerk's office cannot give legal advice.

To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the court.

Do not file this notice with any proof of claim or other filing in the case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file

Debtor's full name	About Debtor 1: Mary E. Sherbourne	About Debtor 2:
2. All other names used in the last 8 years	fka Mary E. Wardman	
3. Address	111 Old Pound Road Antrim, NH 03440	
Debtor's attorney Name and address	William Bryk 444 Clinton Road Antrim, NH 03440-3510	Contact phone (603) 588-2168 Email: wmbryk@gmail.com
5. Bankruptcy trustee Name and address	Lawrence P. Sumski Trustee 1000 Elm Street 10th Floor Manchester, NH 03101	Contact phone (603) 626-8899 Email: SumskiCh13@gmail.com
 Bankruptcy clerk's office Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at www.pacer.gov. 	55 Pleasant Street Room 200 Concord, NH 03301-3941	Hours open: 8:30am-4:30pm Contact phone 603-222-2600
The state of the s		Date: January 8, 2019

For more information, see page 2

Case: 19-10021-BAH Doc #: 4 Filed: 01/08/19 Desc: Ch 13 First Mtg Page 2 of 2

Debtor Mary E. Sherbourne

Case number 19-10021-BAH

		Case number 19-10021-BA			
7. Meeting of creditors Debtors must attend the meeting to be questioned under oath. In a joint case, both spouses must attend. Creditors may attend, but are not required to do so.	February 7, 2019 at 10:30 AM The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket.	Location: James C. Cleveland Federal Building, 53 Pleasant Street, Room 3124, Concord, NE 03301			
A CONTRACTOR OF THE PROPERTY O	ng a valid photo ID and enter the court docket.				
8. Deadlines	ng a valid photo ID and enter through the adjacent Warren B. Ruc	dman Courthouse*			
The bankruptcy clerk's office must receive these documents and any required filing fee by the following deadlines.	Deadline to file a complaint to challenge dischargeability of certain debts: You must file: a motion if you assert that the debtors are not entitled to receive under U.S.C. § 1328(f), or	Filing deadline: April 8, 2019			
	 a complaint if you want to have a particular debt excepted from dunder 11 U.S.C. § 523(a)(2) or (4). 	discharge			
	Deadline for all creditors to file a proof of claim (except governmental units):	Filing deadline: March 18, 2019			
	Deadline for governmental units to file a proof of claim:	Filing deadline: July 8, 2019			
	Deadlines for filing proof of claim: A proof of claim is a signed statement describing a creditor's claim. A proof of claim form may be obtained at www.uscourts.gov or any bankruptcy clerk's office. If you do not file a proof of claim by the deadline, you might not be paid on your claim. To be paid, you must file proof of claim even if your claim is listed in the schedules that the debtor filed. Secured creditors retain rights in their collateral regardless of whether they file a proof of claim. Filing a proof of claim submits the creditor to the jurisdiction of the bankruptcy court, with consequences a lawyer can explain. For example, a secured creditor who files a proof of claim may surrender important nonmonetary rights, including the right to a jury trial.				
	Deadline to object to exemptions: The law permits debtors to keep certain property as exempt. If you believe that the law does not authorize an exemption claimed, you may file an objection.	Filing deadline: 30 days after the conclusion of the meeting of creditors			
Call CARCIPEU MINIPEU CHICA	The debtor has not filed a plan as of this date. A copy of the plan and be sent separately.	a notice of the hearing on confirmation will			
10. Creditors with a foreign address	If you are a creditor receiving a notice mailed to a foreign address, you extend the deadline in this notice. Consult an attorney familiar with U questions about your rights in this case.	ou may file a motion asking the court to Inited States bankruptcy law if you have any			
11. Filing a chapter 13 bankruptcy case	Chapter 13 allows an individual with regular income and debts below according to a plan. A plan is not effective unless the court confirms plan and appear at the confirmation hearing. A copy of the plan, if no the confirmation hearing is not indicated on this notice, you will be se debtor will remain in possession of the property and may continue to court orders otherwise.	it. You may object to confirmation of the st enclosed, will be sent to you later, and if			
2. Exempt property	The law allows debtors to keep certain property as exempt. Fully exe to creditors, even if the case is converted to chapter 7. Debtors must You may inspect that list at the bankruptcy clerk's office or online at does not authorize an exemption that debtors claimed, you may file a	file a list of property claimed as exempt.			
3. Discharge of debts	Confirmation of a chapter 13 plan may result in a discharge of debts, However, unless the court orders otherwise, the debts will not be disc are made. A discharge means that creditors may never try to collect t as provided in the plan. If you want to have a particular debt excepted 523(a)(2) or (4), you must file a complaint and pay the filing fee in the you believe that the debtors are not entitled to a discharge of any of the must file a motion by the deadline.	which may include all or part of a debt. charged until all payments under the plan the debt from the debtors personally except a from discharge under 11 U.S.C. §			

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW HAMPSHIRE

In re: Mary E. Sherbourne,

Debtor

Bk. No.19-10021-BAH Chapter 13

AMENDMENT COVER SHEET

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of Abuse Under § 707(b)(2))
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ncome and Calculation of Commitment Period
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and Are Not Insiders in Chapter 9 or 11 Cases
in chapter y or 11 cases
read and understood the terms of LBR 1009-1.
/s/William Bryk (BNH07686)
Attorney or Pro se Debtor Signature
William Bryk (BNH07686)
Print Name
Address: 444 Clinton Road
Antrim NH 03440-3510
Tel. No.: (603) 588-2168
ded LBF 5005-4 or Official Bankruptcy Form

⁴ Any amendment to Schedule I requires an amendment to Schedule J. Schedule I must always be filed with any amendment to Schedule J.

Attach Summary of Assets and Liabilities.

³ Fee submitted for Amendment to Schedules D, E/F or the List of Creditors. No fee is required to change the address of a creditor or to add the name and address of an attorney for a listed creditor.

Case: 19-10021-BAH, Doc #: 21, Filed: 02/06/19, Desc: Main Document, Page 5 of 21

	formation to idea Mary E. Sherbourn	nuly your case:		Desc: Main Document	Page 16 of 33
Debtor 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States B	ankruptcy Court for	the: District of New Hampshire	•		
Case number (If known)	19-10021		- 4		Check if this is a
)46:-:-! E	orm 106E	<i>I</i> =			amended filing

E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of

1.	Do any creditors have priority unsecured clair ✓ No. Go to Part 2. ✓ Yes.	ms against you?			
2.	List all of your priority unsecured claims. If a ceach claim listed, identify what type of claim it is nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of	creditor has more than one priority unsecured claim, list to a claim has both priority and nonpriority amounts, list to claims in alphabetical order according to the creditor's not particular claim instructions for this form in the instruction booklet.)	iat claim nere a	nd show both	priority and
	1		Total claim	Priority amount	Nonpriorit
.1		Last Adiaba of	28		
	Priority Creditor's Name	Last 4 digits of account number	\$	_ \$	\$
		When was the debt incurred?			
	Number Street	·			
		As of the date you file, the claim is: Check all that apply			
	City State ZIP Code	Contingent			
	Who incurred the debt? Check one.	Unliquidated			
	Debtor 1 only	Disputed			
	Debtor 2 only	Type of PRIORITY unsecured claim: Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated			
	Is the claim subject to offset?	Other. Specify			
2		(USS) SATISFACE SECTION SECTIO			
		Last 4 digits of account number	\$	s	s
	Priority Creditor's Name	When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply.			
		Contingent			
		Unliquidated			
	City State ZIP Code	Disputed			
	Who incurred the debt? Check one. Debtor 1 only				
	Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	Domestic support obligations			
	At least one of the debtors and another	Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
	Is the claim subject to offset?	Other. Specify			
	No				

Case: 19-10021-BAH Doc #: 21 Filed: 02/06/19 Desc: Main Document Page 6 of 21

No. You have nothing to report in this part. Submit this form to the court with your other schedules. A. Lat all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than nonpriority unsecured claim. Is the creditor separately for each claim. For each claim listed, identify what type of claims is. Do not list claims included in Part 1. If a creditor has more than nonpriority unsecured claim. Is the other creditors in Part 3. If you have more than three nonpriority included in Part 1. If a creditor has more than nonpriority unsecured than three nonpriority included in Part 1. If a creditor has more than nonpriority unsecured than three nonpriority included in Part 1. If a creditor has more than nonpriority unsecured than the count included in Part 1. If a creditor has more than nonpriority and the count included in Part 1. If a creditor has more than nonpriority and the count included in Part 1. If a creditor has more than nonpriority and the count included in Part 1. If a creditor has more than nonpriority and the count included in Part 1. If a creditor has more than nonpriority and the count included in Part 1. If a creditor has more than nonpriority and the count included in Part 1. If a creditor has more than nonpriority and the count included in Part 1. If a creditor has more than nonpriority Creditors in Part 3. If a creditor has more than nonpriority Creditors in Part 3. If a creditor has more than nonpriority Creditors in Part 3. If a creditor has more than nonpriority Creditors in Part 3. If a creditor has more than nonpriority Creditors in Part 3. If a creditor has more than nonpriority Creditors in Part 3. If a creditor has more than nonpriority Creditors in Part 3. If a creditor has more than nonpriority Creditors in Part 3. If a creditor has more than nonpriority Creditors in Part 3. If a creditor has more than nonpriority Creditors in Part 3. If a creditor in Part 3. If a creditor in Part 3. If a creditor in Part 3. If a cr	3.	Do any creditors have nonpriority unsecure	d claims agains	t you?	
Included in Part 1. If more than one creditor holds a particular claim, list the other creditions in Part 3. If you have more than three nonpriority unserting the Continuation Page of Part 2. Bank of America Total dis Sank of America Total dis \$ 14,739 Nonpriority Creditor's Name Attn: Bankruptcy Dept. Namer Bireat 1.00 North Tryno Street Charlotte NC 28255 City State ZIP Code Who incurred the debt? Check one. Debter 1 only Debter 2 only Debter 2 only Debter 3 only Debter 4 only Debter 3 only Debter 4 only Debter 3 only Debter 4 only Debter 5 only Debter 6 o		No. You have nothing to report in this part	Submit this form	to the court with your other schedules.	
Norpriority Creditor's Name Altri: Bankruptory Oppt. Number Silvent 100 North Tryon Street NC 28255 City State ZIP Code Who Incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 mane Altri: Collection Dept. Number Silvent Do Bankra Silvent Control Check if this claim is for a community debt Is the claim subject to offset? Who incurred the debt? Check one. Silvent Debtor 1 only Debtor 2 only Debtor 3 mane Altri: Collection Dept. Number Silvent Do Box 6680873 Dallas TX 75266-0873 Da		List all of your nonpriority unsecured claims nonpriority unsecured claim, list the creditor sej included in Part 1. If more than one creditor hol claims fill out the Continuation Page of Part 2.	in the alphabet parately for each ds a particular cla	ical order of the creditor who holds each claim. If a creditor had claim. For each claim listed, identify what type of claim it is. Do not aim, list the other creditors in Part 3.If you have more than three r	as more than one ot list claims alrea conpriority unsecu
Narpriority Creditor's Name After Earkruptcy Dept.		The Control of the Co			
Narpriority Creditor's Name Aftin: Bankruptoy Dept.					Total claim
Attn: Bankruptcy Dept.	_	Nanpriority Creditor's Name		Last 4 digits of account number 4918	14 720 20
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Contingent Uniquidated U		Number Street	14-1-1-1	_	
Contingent Uniquidated U		0	SOL	As of the date you file, the claim is: Check all that apply.	
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Is the claim subject to offset? Yes		Check if this claim is for a community debt		that you did not report as priority claims	
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Is the claim subject to offset? Volume				that you did not report as priority claims	
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Attn: Patient Accounts Number Street 250 Pleasant Street Concord NH 03301-7539 City State ZIP Code Who incurred the debt? Check one. I Debtor 1 only Debtor 2 only When was the debt incurred? 12/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:					*20 no
Number Street 250 Pleasant Street Concord NH 03301-7539 City State ZIP Code Who incurred the debt? Check one. ZI Debtor 1 only Debtor 2 only As of the date you file, the claim is: Check all that apply. Unliquidated Unliquidated Type of NONPRIORITY unsecured claim:				When was the debt incurred? 12/2017	\$ <u>20.00</u>
250 Pleasant Street Concord NH 03301-7539 City Who incurred the debt? Check one. Zip Code Unliquidated Debtor 1 only Debtor 2 only As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Type of NONPRIORITY unsecured claim:				-	
Concord NH 03301-7539 City State ZIP Code Unliquidated Debtor 1 only Debtor 2 only Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:				As of the date you file the claim in Obact . It is	
City Who incurred the debt? Check one. State ZIP Code Unliquidated Disputed Type of NONPRIORITY unsecured claim:		1411	03301-7539		
☐ Debtor 1 only ☐ Debtor 2 only ☐ Type of NONPRIORITY unsecured claim:	1	Who incurred the debt? Check one.			
Debtor 2 only Type of NONPRIORITY unsecured claim:					
☐ Debtor 1 and Debtor 2 only				Type of NONPRIORITY unsecured claim:	
=				Student loans	
At least one of the debtors and another Obligations arising out of a separation agreement or divorce				Obligations arising out of a separation agreement or divorce	
Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		Check if this claim is for a community debt		that you did not report as priority claims	
Is the claim subject to offset? Other. Specify Medical Services		그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		Other. Specify Medical Services	
✓ No □ Yes		✓ No		2011000	

Debtor 1 Caswery 19stle000 of the BAH Doc #: 13 Filed: 01/26/19 Desc: Main Documento21 Page 18 of 33

	art 2: List All of Your NONPRIORITY Uns	Control to the Control of the		
3.	Do any creditors have nonpriority unsecured of No. You have nothing to report in this part. Sul ✓ Yes	laims against yo bmit this form to t	he court with your other schedules.	
4.	List all of your nonpriority unsecured claims in nonpriority unsecured claim, list the creditor separate	the alphabetica ately for each clai a particular claim	l order of the creditor who holds each claim. If a creditor ham. For each claim listed, identify what type of claim it is. Do not list the other creditors in Part 3.If you have more than three not	is more than one of list claims already conpriority unsecured
4.4	Concord Hospital Family Health Center			Total claim
7.7			Last 4 digits of account number	
	Nonpriority Creditor's Name Attn: Patient Accounts			ş Unknown
	Number Street		When was the debt incurred?	
	15 Antrim Road		-0.2002	
	Hillsboro NH	03244	As of the date you file, the claim is: Check all that apply.	
	City State Who incurred the debt? Check one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 1 only			
	Debtor 2 only		Type of NONPRIORITY unsecured claim: Student loans	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No		Other. Specify Medical Services	
4.5	☐ Yes DIRECTV			
4.5	DIRECTY		Last 4 digits of account number	s 150.00
	Nonpriority Creditor's Name Attn: Collection Dept.		When was the debt incurred? 12/2017	
	Number Street PO Box 6550		As of the date you file, the claim is: Check all that apply.	
		80155-6550	Contingent	
	City Who incurred the debt? Check one. State	ZIP Code	☐ Unliquidated ☐ Disputed	
	☑ Debtor 1 only		Type of NONPRIORITY unsecured claim:	
	Debtor 2 only		Student loans	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		Obligations arising out of a separation agreement or divorce	
			that you did not report as priority claims	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? No Yes		☑ Other. Specify Cable / Satellite Services	
.6	Dartmouth-Hitchcock		Last 4 digits of account number 8362	\$75.94
	Nonpriority Creditor's Name		When was the debt incurred? 03/6/2018	9.0.01
	1 Medical Center Drive Number Street			
		=	As of the date you file, the claim is: Check all that apply.	
	Will control of the c	3756	☐ Contingent	
	Who incurred the debt? Check one.	ZIP Code	Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans	9
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services	
	✓ No Yes		Uner, Specify	

Case: 19-10021-BAH Doc #: 21 Filed: 02/06/19 Desc: Main Document Page 8 of 21

Case: 19-10021-BAH Doc #: 13 Filed: 01/26/19 Desc: Main Document Page 19 of 33

Pa	List All of Your NONPRIORITY Un	secured Claim	s	
	Do any creditors have nonpriority unsecured of No. You have nothing to report in this part. Su ✓ Yes			
	morpholity disecuted cidilli, list the creditor sepa	rately for each cla	I order of the creditor who holds each claim. If a creditor haim. For each claim listed, identify what type of claim it is. Do no , list the other creditors in Part 3.If you have more than three no	A Had alabase at a st
4.7	Enterprise Rent-a-Car			Total claim
	Nonpriority Creditor's Name		Last 4 digits of account number 2N5G	s 160.19
	Attn: Accts Receivable		When was the debt incurred? 11/2017	\$ 100.10
	Number Street 10 Navigator Road			
		WAR-2012A	As of the date you file, the claim is: Check all that apply.	
	Londonderry NH	03053	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		Unliquidated Disputed	
	Debtor 1 only		Type of NONPRIORITY unsecured claim:	
	Debtor 2 only		Student loans	
	Debtor 1 and Debtor 2 only		Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another		that you did not report as priority claims	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No ☐ Yes		Other. Specify	
1.8	Eversource		1007	100.00
			Last 4 digits of account number 1087	\$199.22
	Nonpriority Creditor's Name		When was the debt incurred? 12/2017	
	Attn: Bankruptcy Dept. Number Street			
	PO Box 650047		As of the date you file, the claim is: Check all that apply.	
	Dallas TX	75266-0047	☐ Contingent	
	City State Who incurred the debt? Check one.	ZIP Code	Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts.	
	The second secon		Other. Specify Utility Services	
	Is the claim subject to offset? ✓ No ☐ Yes		and speak of the s	
.9	Fingerhut	430 U.S.	Last 4 digits of account number	\$300.00
	Nonpriority Creditor's Name		When was the debt incurred? 12/2017	\$000.00
	Attn: Billing Dept.			
	Number Street 6250 Ridgewood Road		As of the date you file, the claim is: Check all that apply.	
	Saint Cloud MN	56303	·	
	CIN	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only			
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans	
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt			
	Is the claim subject to offset?		 □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other, Specify Suppliers and Vendors 	
	✓ No		10000000000000000000000000000000000000	
	Yes			

Case: 19-10021-BAH Doc #: 21 Filed: 02/06/19 Desc: Main Document Page 9 of 21

Debtor 1 Caswaty 1981 and Online BAH Doc #: 13 Filed: 01/26/19 Desc: Main Docume mile 21 Page 20 of 33 Last Name

Pa	List All of Your NONPRIORITY	Unsecured Cla	ims	
3.	Do any creditors have nonpriority unsecur No. You have nothing to report in this part Yes	red claims agains t. Submit this form	t you? to the court with your other schedules.	
4.	List all of your nonpriority unsecured claim	ns in the alphabet eparately for each	ilcal order of the creditor who holds each claim. If a creditor he claim. For each claim listed, identify what type of claim it is. Do ne aim, list the other creditors in Part 3.If you have more than three n	as more than one ot list claims already onpriority unsecure
4.10	HCS Preferred Care			Total claim
7.10			Last 4 digits of account number E440	Me Personal
	Nonpriority Creditor's Name Attn: Patient Accounts			\$ 17.90
	Number Street		When was the debt incurred?	
	PO Box 564			
	Keene NH	03431	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community del	ht	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? No Yes	ot .	Other. Specify Medical Services	
1.11	Monadnock Community Hospital			
	The state of the s		Last 4 digits of account number 7000	\$183.60
	Nonpriority Creditor's Name		When was the debt incurred? 04/2017	
	Attn: Patient Accounts			
	Number Street 452 Old Street Road		As of the date you file, the claim is: Check all that apply.	
	Peterborough NH	03458	☐ Contingent	
	City State	ZIP Code	Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce	
			that you did not report as priority claims	
	☐ Check if this claim is for a community deb	t	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other, Specify Medical Services	
_	Is the claim subject to offset? ✓ No — Yes		Coner, Specify Medical Services	
.12	Monadnock Community Hospital		Last 4 digits of account number 0001	101.05
	Nonpriority Creditor's Name		When was the debt incurred? 04/11/2018	\$121.25
	452 Old Street Road			
	Number Street		As of the date you file, the claim is: Check all that apply.	
	Peterborough NH	03458	☐ Contingent	
	Who incurred the debt? Check one,	ZIP Code	Unliquidated	
	Debtor 1 only		Disputed	
	Debtor 2 only			
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans	
	☐ Check if this claim is for a community debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?	ti	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services	
	Yes			

Case: 19-10021-BAH Doc #: 21 Filed: 02/06/19 Desc: Main Document Page 10 of 21

Debt	- COOK- 7000			: 01/26/19 Desc: Main Documento21Page 2	1 of 33
-	1 2: List All of Your NONPRIO	_			
	Do any creditors have nonpriority un No. You have nothing to report in the Yes	nsecure nis part.	d claims agains Submit this form	t you? to the court with your other schedules.	
i	ist all of your nonpriority unsecured nonpriority unsecured claim, list the cre ncluded in Part 1. If more than one cre claims fill out the Continuation Page of	ditor hole	in the alphabet parately for each ds a particular cla	ical order of the creditor who holds each claim. If a creditor ha claim. For each claim listed, identify what type of claim it is. Do no aim, list the other creditors in Part 3.If you have more than three n	as more than one of list claims alread conpriority unsecur
4.13	Monadnock Community Hospital				Total claim
_	Nonpriority Creditor's Name			Last 4 digits of account number 0001	s 112.76
	PO Box 746 Number Street			When was the debt incurred? 04/11/2018	\$ 112.70
	Nashua	NILI	00004	As of the date you file, the claim is: Check all that apply.	
	City	NH	03061 ZIP Code	─ ☐ Contingent	
	Who incurred the debt? Check one.	Olato	zir Code	Unliquidated Disputed	
	Debtor 1 only			Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim is for a commu	nity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other, Specify Medical Services	
	✓ No				
	☐ Yes				
.14	Monadnock Community Hospital			Last 4 digits of account number 7000	\$230.60
	Nonpriority Creditor's Name Attn: Patient Accounts			When was the debt incurred? 08/2017	\$
	Number Street PO Box 746			As of the date you file, the claim is: Check all that apply.	
	Nashua	NH	03061	□ Contingent	
	City	State	ZIP Code	Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only			☐ Disputed	
- 93	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another			 Obligations arising out of a separation agreement or divorce 	
- 1	☐ Check if this claim is for a commun			that you did not report as priority claims	
		ity debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services	
	s the claim subject to offset? ✓ No — Yes			,,	
.15	Monadnock Community Hospital			Last 4 digits of account number 0001	04.00
1	Nonpriority Creditor's Name			When was the debt incurred? 05/09/2018	\$ <u>24.60</u>
1.0	PO Box 746				
1	Number Street				
	Nashua	MU	02064	As of the date you file, the claim is: Check all that apply.	
7	Thy .	NH State	03061 ZIP Code	Contingent	
	Who incurred the debt? Check one.			Unliquidated	
-	☑ Debtor 1 only ☐ Debtor 2 only			Disputed	
Ī	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Ē	At least one of the debtors and another			Student loans	
7				 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
_	Check if this claim is for a commun	ity debt		Debts to pension or profit-sharing plans, and other similar debts	
l	s the claim subject to offset?			☑ Other. Specify Medical Services	

✓ No ✓ Yes Case: 19-10021-BAH Doc #: 21 Filed: 02/06/19 Desc: Main Document Page 11 of 21

Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. √ Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.16 New England Wireless Last 4 digits of account number 6752 Nonpriority Creditor's Name 201.18 Attn: Collection Dept. When was the debt incurred? 03/2017 Number Street 276 West Main Street As of the date you file, the claim is: Check all that apply. Hillsboro NH 03244 City ☐ Contingent State ZIP Code ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify Telephone / Internet services Is the claim subject to offset? ✓ No Yes New Hampshire Derm Clinic PLLC 4.17 Last 4 digits of account number 893 s 56.35 Nonpriority Creditor's Name When was the debt incurred? 10/26/2017 454 Old Street Road Number Suite 302 As of the date you file, the claim is: Check all that apply. Newton ☐ Contingent MA 02458 City
Who incurred the debt? Check one. ☐ Unliquidated ZIP Code ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ☐ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts ☑ Other, Specify Medical Services Is the claim subject to offset? ✓ No Yes 4.18 North Meadow Family Health Last 4 digits of account number \$Unknown Nonpriority Creditor's Name When was the debt incurred? Attn: Patient Accounts Street 154 Hancock Rd, Rt 202 North As of the date you file, the claim is: Check all that apply. Peterborough NH 03458 ☐ Contingent Who incurred the debt? Check one, ☐ Unliquidated ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services Is the claim subject to offset? ✓ No Yes Yes

Case: 19-10021-BAH Doc #: 21 Filed: 02/06/19 Desc: Main Document Page 12 of 21

Debtor 1

Castaty 19st and Paris BAH Doc #: 13 Filed: 01/26/19 Desc: Main Documento21 Page 23 of 33

Pa	irt 2: List All of Your NONPRIOR	ITY U	nsecured Claim	ns	
3.	Do any creditors have nonpriority uns No. You have nothing to report in this Yes				
4.		tor hold		al order of the creditor who holds each claim. If a creditor ha aim. For each claim listed, identify what type of claim it is. Do no n, list the other creditors in Part 3.If you have more than three no	
4.19	Rymes Propane & Oil Nonpriority Creditor's Name Attn: Consumer Bankruptcy Number Street			Last 4 digits of account number 2994 When was the debt incurred? 12/2017	Total claim \$ 218.64
	PO Box 2948			As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	NH	03302-2948 ZIP Code	□ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a communi Is the claim subject to offset? ✓ No ☐ Yes	ty debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Utility Services	
1.20	Nonpriority Creditor's Name Attn: Collection Dept.			Last 4 digits of account number 6288 When was the debt incurred? 11/2017	\$ <u>30.28</u>
	Number Street PO Box 417436			As of the date you file, the claim is: Check all that apply.	
		MA State y debt	02241-7436 ZIP Code	□ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical Services	
.21	TDS Telecom Nonpriority Creditor's Name			Last 4 digits of account number When was the debt incurred? 12/2017	\$400.00
	Attn: Collection Dept. Number Street			- Table the dest incurred:	
	PO Box 94510 Palatine		*****	As of the date you file, the claim is: Check all that apply.	
		tate	60094 ZIP Code	□ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Telephone / Internet services	

Case: 19-10021-BAH Doc #: 21 Filed: 02/06/19 Desc: Main Document Page 13 of 21

Castaty 1981-00011-BAH Doc #: 13 Filed: 01/26/19 Desc: Main Document Page 34 of 22

Do any creditors have nonpriority	unsecured	claims against	vou?	
No. You have nothing to report in Yes	this part. S	Submit this form to	the court with your other schedules.	
List all of your nonpriority unsecur nonpriority unsecured claim, list the c included in Part 1. If more than one or claims fill out the Continuation Page of	reditor hold	in the alphabetic arately for each c s a particular clai	cal order of the creditor who holds each claim. If a creditor ha laim. For each claim listed, identify what type of claim it is. Do no m, list the other creditors in Part 3.If you have more than three no	s more than one t list claims alrea onpriority unsecu
U.S. Cellular				Total claim
Nonpriority Creditor's Name			Last 4 digits of account number 1307	s 253.01
Attn: Billing Dept. Number Street Dept. 0205			When was the debt incurred? 06/2017	\$200.01
Palatine	IL	60055-0205	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check one.			Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 and Debtor 2 only At least one of the debtors and anothe			Obligations arising out of a separation agreement or divorce	
			that you did not report as priority claims	
Check if this claim is for a commits the claim subject to offset?	unity debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Telephone / Internet services	
✓ No □ Yes				
			Last 4 digits of account number	\$
Nonpriority Creditor's Name			When was the debt incurred?	
Number Street			As of the date you file, the claim is: Check all that apply.	
			☐ Contingent	
City Who incurred the debt? Check one.	State	ZIP Code	Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and another	S		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a commu	mity debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify	
□No				
Yes				
Nonpriority Creditor's Name			Last 4 digits of account number	\$
			When was the debt incurred?	
Number Street			As of the date you file, the claim is: Check all that apply.	
City	Pi-		☐ Contingent	
Who incurred the debt? Check one.	State	ZIP Code	☐ Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and another			Obligations arising out of a separation agreement or divorce	
☐ Check if this claim is for a commu	nity debt		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify	

Yes Yes

Case: 19-10021-BAH Doc #: 21 Filed: 02/06/19 Desc: Main Document Page 14 of 21

Castery19sher02dbeBAH Doc #: 13 Filed: 01/26/19 Desc: Main Document0021Page 25 of 33

Part 3: List Others to Be Notified About a Debt That You Already Listed

Balanced Healthcare Receivables Collection Dept.			ve more than one creditor for any of the debts that you listed in Parts 1 or 2, list the sons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor?		
Name 164 Burke Street Number Street Suite 201					
			Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claim		
	State	ZIP Code			
Balanced Healthcare Rece	eivables Collection	on Dept.	On which entry in Part 1 or Part 2 did you list the original creditor?		
164 Burke Street					
Number Street			Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
Suite 201			Claims Part 2: Creditors with Nonpriority Unsecured		
Nashua City	NH State	03060 ZIP Code	Last 4 digits of account number 2865		
Conversat O. to	100000	ZIF Code			
Convergent Outsourcing In	C,		On which entry in Part 1 or Part 2 did you list the original creditor?		
800 SW 39th Street					
Number Street			Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
PO Box 9004			Claims Part 2: Creditors with Nonpriority Unsecured		
Renton	WA State	98057 ZIP Code	Last 4 digits of account number 0124		
Dartmouth Hitchcock Patier	22.27112	ZIP Code			
lame	it Accounts		On which entry in Part 1 or Part 2 did you list the original creditor?		
1 Medical Center Drive			line 42 of (Observed Discourse		
Number Street			Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
stational con-			Claims Part 2: Creditors with Nonpriority Unsecured		
Lebanon Sity	NH	03756	Last 4 digits of account number 8824		
10.00	State	ZIP Code			
aw Offices Howard Lee Sc	hiff, PC, Attn: Ka	ren J. Wisniows	ki, ^E On which entry in Part 1 or Part 2 did you list the original creditor?		
PO Box 280245					
lumber Street			Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
			Claims Part 2: Creditors with Nonpriority Unsecured		
East Hartford	OT		Ordina		
ty	CT State	06128	Last 4 digits of account number 0071		
	Crave	ZIP Code	A		
ame			On which entry in Part 1 or Part 2 did you list the original creditor?		
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims		
umber Street			Part 2: Creditors with Nonpriority Unsecured		
			Claims Claims		
ty	***		Last 4 digits of account number		
,	State	ZIP Code			
me			On which entry in Part 1 or Part 2 did you list the original creditor?		
mhar Phone			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims		
mber Street			☐ Part 2: Creditors with Nonpriority Unsecured		
			Claims Claims		
			Last A digita of account		
y	State	ZIP Code	Last 4 digits of account number		

Part 4:

Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.

			Total claim	
Total claims	6a. Domestic support obligations	6a.		0.00
rom Part 1	6b. Taxes and certain other debts you owe the government	6b.	s	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	s	0.00
	 Other. Add all other priority unsecured claims. Write that amount here. 	6d.	+ \$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			_	
Total claims			Total claim	
The second second second	6f. Student loans	6f.	Total claim	0.00
	6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.	\$s_	0.00
otal claims om Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority		*	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other	6g.	*	0.00

Case: 19-10021-BAH Doc #: 21 Filed: 02/06/19 Desc: Main Document Page 16 of 21

Case: 19-10021-BAH Doc #: 16 Filed: 01/26/19 Desc: Main Document Page 1 of 2

Debtor 1	Mary E. Sherl		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	ankruptcy Court for t	he: District of New Hampshire	
Case number	19-10021		
	(If known)		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

1. Sobodula A.D. Danner J. O.E. 1. 15	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$ <u>144,700.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B	\$243,849.96
1c. Copy line 63, Total of all property on Schedule A/B	\$ <u>388,549.96</u>
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A. Amount of claim, at the bottom of the last page of Part 1 of Schedule D	s 134,911.21
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ s18,090.19
Your total liabilities	\$ <u>153,001.40</u>
Part 3: Summarize Your Income and Expenses	
. Schedule I: Your Income (Official Form 106I)	(0.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
Copy your combined monthly income from line 12 of Schedule I	\$ <u>1,273.00</u>
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$2,130.64

Case: 19-10021-BAH Doc #: 21 Filed: 02/06/19 Desc: Main Document Page 17 of 21

Case: 19-10021-BAH Doc #: 16 Filed: 01/26/19 Desc: Main Document Page 2 of 2

Mary E. Sherbourne

Debtor 1

Middle Name Last Name Case number (# know

Part 4:	Answer These Questions for Administrative and Statistical Records	
6. Are y	you filing for bankruptcy under Chapters 7, 11, or 13?	
	lo. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.	

7. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

0.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
Pa. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
d. Student loans. (Copy line 6f.)	\$	0.00
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 	\$	0.00
f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ s	0.00
g. Total. Add lines 9a through 9f.	\$	0.00

Case No. 19-10021-BAH UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW HAMPSHIRE

In re:

MARY E. SHERBOURNE f/k/a MARY E. WARDMAN 111 Old Pound Road Antrim NH 03440 SSN: xxx-xx-9959 Chapter 13

Debtor.

SUPPLEMENT TO THE LIST OF CREDITORS

WILLIAM BRYK, Attorney for the Creditor, pursuant to LBR 1009 -1 (c) (4), herewith submits a supplement to the list of creditors that includes the names and addresses of the creditors added, which supplement conforms to the requirements of LBR 1007-2.

Dated: Antrim, New Hampshire February 5, 2019

WILLIAM BRYK (BNH07686)

Attorney for the Debtor 444 Clinton Road

Antrim NH 03440-3510

Telephone: (603) 588-2168 Email: wmbryk@gmail.com

Dartmouth-Hitchcock 1 Medical Center Drive Lebanon NH 03756

Harmon Law Offices, P.C. 150 California Street Newton MA 02358

Hillsborough County Sheriff's Office: Attn: D 329 Mast Road Suite 109 Goffstown NH 03045 Case: 19-10021-BAH Doc #: 21 Filed: 02/06/19 Desc: Main Document Page 19 of 21

Page 2 of 2

Hillsborough Superior Court North: Attn: Dock 300 Chestnut Street Manchester NH 03101

Internal Revenue Service 80 Daniel Street PO Box 9502 Portsmouth NH 03802

Monadnock Community Hospital PO Box 746 Nashua NH 03061

New Hampshire Derm Clinic PLLC 454 Old Street Road Suite 3092 Newton MA 02458

Town of Antrim: Attn: Tax Collector 66 Main Street PO Box 517 Antrim NH 03440

Welts, White & Fontaine, P.C. 29 Factory Street PO Box 507 Nashua NH 03061

Case No. 19-10021-BAH UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW HAMPSHIRE

In re:

MARY E. SHERBOURNE f/k/a MARY E. WARDMAN 111 Old Pound Road Antrim NH 03440 SSN: xxx-xx-9959 Chapter 13

Debtor.

CERTIFICATE OF SERVICE

WILLIAM BRYK, Attorney for the Creditor, pursuant to LBR 1009 -1 (c) (5), herewith submits this certificate of service stating that notice to the following creditors added has been given as required by Bankruptcy Rule 1009 and LBR 1009-1(f).

Dated: Antrim, New Hampshire February 5, 2019

WILLIAM BRYK (BNH07686)

Attorney for the Debtor 444 Clinton Road

Antrim NH 03440-3510

Telephone: (603) 588-2168 Email: wmbryk@gmail.com

Dartmouth-Hitchcock 1 Medical Center Drive Lebanon NH 03756

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